



INDIANA UNIVERSITY

SCHOOL OF DENTISTRY

ORAL HEALTH RESEARCH INSTITUTE

415 Lansing Street  
Indianapolis, Indiana 46202-2876  
(317) 274-8822  
FAX (317) 274-5425

## IUPUI Informed Consent Statement for: Indiana Oral Health Survey, 1992-1993

Dear Parents and Students:

Every 10 years a state wide survey is conducted to determine the dental health status of school age children throughout Indiana. The results of these surveys have been extremely useful to various agencies in identifying the dental needs and appropriate preventive programs for our children.

The Indiana University School of Dentistry's Oral Health Research Institute in collaboration with the Indiana State Department of Health and with the approval of local officials is once again undertaking a dental health survey of children residing in selected communities of Indiana. The purpose of this study is to assess the success of our past preventive programs as well as to evaluate the status of a sample of children with regards to current prevalence of tooth decay, gum disease, and other oral health concerns. Also, as part of the survey we would also like to collect information regarding socioeconomic and demographic patterns. Only through the support and cooperation of people such as yourself are these programs possible and we will sincerely appreciate your willingness to participate in this survey.

The program will be initiated in the Fall of 1992 (through June of 1993) and will include approximately 2000 children. A licensed dentist from the Indiana State Department of Health will perform a thorough dental examination of the oral hard and soft tissues during regular school hours. It is anticipated the examination will only take about 10-15 minutes. The examinations will be conducted **using standard dental instruments and portable** dental equipment. The examination will be visual-tactile only and will not include the use of x-rays.

To be eligible to participate, each child must return this completed informed consent letter to their school. Benefits which your child will receive include a thorough dental examination, a toothbrush, and oral health educational brochures when appropriate. Also, an advisory letter outlining the oral health needs of those found to be in obvious need of dental treatment will be sent to the parents or guardian. Since this program only involves a routine dental examination, no adverse events are anticipated, however, should your child be injured as a result of participation in the program, emergency treatment will be provided at no cost.

We emphasize that this survey does not involve restorative dental treatment (fillings) and we encourage you to continue your child's regular visits to his/her dentist. It should also be noted that participation is strictly voluntary and you may withdraw your child for any reason. While the general results of this survey may be published at the end, you are assured that none of the participants, records, or intraoral photographs if taken, will be identified personally. Also, all individual socioeconomic and demographic data will be kept confidential.

If you have any questions, or wish more information, please feel free to call Dr. Mark Mallatt at (317) 633-8418. Thank you very much for your help with this project.

If you are willing for your child to participate in this survey, please complete the back page of this form and return it to your child's school.

Sincerely,

A handwritten signature in cursive script that reads "Mark Mallatt".

Mark E. Mallatt, D.D.S.  
Project Director

**PLEASE PRINT FIRMLY WITH A BALL POINT PEN!**  
**ALL QUESTIONS MUST BE ANSWERED & SIGNATURES PROVIDED**

CHILD'S NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
SCHOOL \_\_\_\_\_ HOMEROOM TEACHER \_\_\_\_\_ GRADE \_\_\_\_\_

What is the source of household water supply? City \_\_\_\_\_ Well (Other) \_\_\_\_\_

- 1) Does your child presently have a health problem that would prevent participation in this survey? YES (Explain) \_\_\_\_\_ NO \_\_\_\_\_
- 2) Has your child ever had rheumatic fever, valve replacement, joint replacement or any other implants? YES (Explain) \_\_\_\_\_ NO \_\_\_\_\_

**THE FOLLOWING SOCIOECONOMIC/DEMOGRAPHIC INFORMATION  
WILL BE KEPT CONFIDENTIAL**

Please Check The Statement That Best Describes Your Household

Educational Level of Parents (Please use M for Mother , F for Father)

8 years or less \_\_\_\_\_ 13- 16 \_\_\_\_\_  
9-12 years \_\_\_\_\_ Post College \_\_\_\_\_

Annual Combined Income

Less than \$10,000 \_\_\_\_\_ > 25,000 - .50,000 \_\_\_\_\_  
10,000 - 25,000 \_\_\_\_\_ Over 50,000 \_\_\_\_\_

What best describes your community of residence?

\_\_\_\_\_ Rural (less than 10,000) \_\_\_\_\_ Urban (more than 10,000)

Are you presently enrolled (or eligible) for Medicaid? YES \_\_\_\_\_ NO \_\_\_\_\_ Don't Know \_\_\_\_\_

Do you presently have Dental Insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

On the average, how often does your child visit the dentist?

Every 6 months \_\_\_\_\_ For emergency only \_\_\_\_\_  
Once a year \_\_\_\_\_ Never \_\_\_\_\_

Does your child routinely receive or use any of the following (Please check all that apply)

Fluoride applications after having teeth cleaned in a dental office \_\_\_\_\_  
Use of fluoride toothpaste \_\_\_\_\_  
Use of fluoride mouthrinse \_\_\_\_\_  
Use of fluoride tablets or drops \_\_\_\_\_  
None of the above \_\_\_\_\_

I have read the description of the dental study and wish my child to participate in the program.  
I understand that participation is voluntary and that my child is free to withdraw at any time.

CHILD'S SIGNATURE \_\_\_\_\_

PARENT'S (Guardian's) SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT'S (Guardian's) SIGNATURE \_\_\_\_\_

**AFTER YOU HAVE COMPLETED ALL QUESTIONS ABOVE, TEAR OFF AND KEEP THE PINK  
COPY. RETURN THE WHITE AND YELLOW COPIES TO YOUR SCHOOL**

OFFICE USE ONLY

REVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

Estimados padres y estudiantes:

Cada 10 años, el Departamento de Salud conduce una encuesta para evaluar la salud dental de los niños en edad escolar residentes en el estado de Indiana. El programa incluye aproximadamente 2,000 niños seleccionados de diversas comunidades. Un dentista de la División Dental del Estado de Indiana hará un detallado examen dental durante las horas regulares de escuela. Los exámenes serán reafirmados usando instrumentos dentales standards, así como también equipos portátiles. El examen no incluirá el uso de rayos X. La participación de los estudiantes es estrictamente voluntaria. A cambio de participar en el estudio, su hijo recibirá, un exhaustivo examen dental sin costo alguno, un cepillo dental, y una carta con el resumen de los resultados del examen.

Si usted quiere que su hijo participe, por favor llene la parte de atrás (blanca) de esta página de la mejor forma, que pueda. La información recolectada será considerada confidencial. Este seguro de escribir el nombre, sexo y edad de su hijo. También recuerde de firmar y poner la fecha en la parte de abajo de la página donde dice Padres (Guardian). Su firma indica, que usted ha dado el necesario permiso para la participación de su hijo en el estudio. Si usted tiene alguna pregunta, o necesita más información, por favor llámame al (317)633-8418.

Muchas gracias por la ayuda prestada al programa.

Sinceramente,

*Mark Mallatt DDS.*

## **Your Child Is Special**

### **Why Is My Child Special?**

Your child is special because he or she is one of only 2,000 school-age children across Indiana who has been chosen to represent hundreds of other school children his or her age in the Indiana Oral Health Survey. Since 1958, statewide surveys to assess the oral health status of our children have been performed every 10 years (the last one was conducted in 1981-82). Participation by your child in this survey is strictly voluntary. The results of this survey will be used to plan health and educational programs for school-age children for the next 10 years. If you are willing for your child to participate in the survey, fill out the informed consent letter and promptly return it to your child's school.

### **What Is The Indiana Oral Health Survey?**

This is a survey of children to find out how much tooth decay and gum disease there is in our state. It includes a dental examination of each child, using a mouth mirror and simple dental explorers, and the collecting of basic information on each child from the medical questionnaire. The examination will be conducted by a licensed dentist in your child's school. There will be no cost to you for the child's exam. No x-rays will be taken, nor will any treatment be provided. This is only a survey examination. Your child still needs regular dental care by your family dentist and proper home care. You will be notified if the survey dentist finds that your child needs additional dental care, so that you can make an appointment with your family dentist.

### **Who Will Know The Results Of My Child's Examination?**

While the general results of this survey may be published at the end, you are assured that none of the participants' records or intraoral photographs if taken will be identified personally. Also, all individual socioeconomic and demographic data will be kept confidential. Parents will receive notification if the child needs additional dental care.

### **Where And How Will The Examination Be Given?**

A licensed dentist from the Indiana State Department of Health will perform a thorough dental examination of the oral hard and soft tissue during regular school hours. The examinations will be conducted using standard dental instruments and portable dental equipment so that your child's school day will be interrupted as little as possible. The examination will take approximately 10-15 minutes for each child.